

DEC. 19. 2005 2:28PM

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NO. 0111 P. 7/7

DEC 19 2005

PTO/SB/26 (09-04)

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NO. 0111 P. 3/7

DEC 19 2005

PTO/SB/17 (12-04V2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete If Known		
FEE TRANSMITTAL For FY 2005		Application Number	10/798,573-Conf. #6504	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 12, 2004	
		First Named Inventor	Michael White	
		Examiner Name	St Cyr, Daniel	
		Art Unit	2878	
TOTAL AMOUNT OF PAYMENT	(\$)	65.00	Attorney Docket No.	21854-00032-US1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type	Small Entity	Fees Paid (\$)	Fees Paid (\$)				
Utility	Fee (\$)	Fee (\$)					
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims 360 180							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 40 -40 = x = _____ Fee (\$) Fee Paid (\$)							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2 -3 = x = _____							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = /50 (round up to a whole number) x = _____ Fees Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1814 Statutory Disclaimer 65.00							
SUBMITTED BY Signature: <i>Morris Liss</i> Registration No. (Attorney/Agent) 24,510 Telephone (202) 331-7111 Name (Print/Type) Morris Liss Date							